

**ARIZONA DEPARTMENT OF HEALTH SERVICES
OFFICE OF CHILD CARE LICENSING**

<http://www.azdhs.gov/als/childcare/index.htm>

INITIAL LICENSE

**Application
Packet**

FOR AGES THREE THROUGH FOURTEEN

LOCATED IN PUBLIC SCHOOL FACILITIES

This Packet includes Two Parts which may be completed and submitted together.

Part I Includes:

1. Application Packet Instructions Part I
2. Agricultural Land Notification Form
3. Public School Building Submittal Form
4. Guidelines for Fingerprinting Registration
5. Criminal History Affidavit

Part II Includes:

1. Application Packet Instructions Part II
2. Notarized License Application Form
3. Attachment to Application
4. List of Controlling Persons and Designated Agent including the Controlling Persons Guidelines
5. Public School List of Responsible Parties
6. Director Qualification form
7. New Facility Readiness Self Checklist
8. Applicant, Staff and Resident Report

Application Packet Instructions Part I

1. Obtain an *Installation Permit* from the Office of Manufactured Housing for facilities with MODULAR buildings.
2. Obtain any agricultural land owners names and addresses, (within ¼ mile of facility) complete and send in the *Agricultural Land Notification Form* with your packet. Send a copy of the Buffer Zone requirement and records that the agreement is in the Office of the County Recorder as a restrictive covenant running with the title to the land (if applicable).
3. Call DPS to request fingerprint information:

Department of Public Safety
Applicant Clearance Card Team
P.O. Box 18390
Phoenix, AZ 85005-8390
(602) 223-2279

4. Send the *Public School Building Submittal Form* with a map of the school attached to your regional office:

OFFICE OF CHILD CARE LICENSING 150 NORTH 18 TH AVENUE, SUITE 400 PHOENIX, ARIZONA 85007 PHONE: (602) 364-2539 FAX: (602) 364-4768	OFFICE OF CHILD CARE LICENSING 400 WEST CONGRESS, SUITE 100 TUCSON, ARIZONA 85701 PHONE: (520) 628-6540 FAX: (520) 628-6537	OFFICE OF CHILD CARE LICENSING 1500 EAST CEDAR AVENUE, SUITE 22 FLAGSTAFF, ARIZONA 86004 PHONE: (928) 774-2707 FAX: (928) 774-2830
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5. Attend a Department provided New Owner Training and submit a copy of the *Certificate of Achievement* per R9-5-201.A.5.e.

ARIZONA DEPARTMENT OF HEALTH SERVICES

Office of Child Care Licensing

AGRICULTURAL LAND NOTIFICATION FORM

MUST BE RETURNED WITH THE PUBLIC SCHOOL BUILDING SUBMITTAL FORM

Please answer the following:

NAME OF PROPOSED FACILITY: _____

ADDRESS: _____
CITY STATE ZIP COUNTY

CONTACT PERSON: _____
PHONE

PER

A.R.S. § 36-882(B)2

"An application for a license shall be made on a form prescribed by the department and shall include all information required by the department and the names and addresses of the owners and lessees of any agricultural land within one-fourth mile of the facility. Within ten days of receipt of an application for a license, the department shall notify the owners and lessees of agricultural land, as listed on the application."

A.R.S. § 36-882(D)

"The department shall deny any license that affects agricultural land regulated pursuant to Section 3-365, except that the owner of the agricultural land may agree to comply with the buffer zone requirements of Section 3-365. If the owner agrees in writing to comply with the buffer zone requirements and records the agreement in the office of the county recorder as a restrictive covenant running with the title to the land, the department may license the child care facility to be located within the affected buffer zone. The agreement may include any stipulations regarding the child care facility, including conditions for future expansion of the facility and changes in the operational status of the facility that will result in a breach of the agreement. This subsection shall not apply to the issuance or renewal of a license for a child care facility located in the same location for which a child care facility license was previously issued."

1. Is the proposed child care facility located within one-fourth mile of any agricultural land?

___ Yes ___ No

2. If yes, list the name and address of the owner(s) or lessee(s) of agricultural land as indicated in (1) above.

NAME	STREET	CITY	ZIP CODE

SEND DOCUMENTATION THAT THIS AGREEMENT HAS BEEN RECORDED WITH THE COUNTY

CDC# _____

ARIZONA DEPARTMENT OF HEALTH SERVICES

OFFICE OF CHILD CARE LICENSING

PUBLIC SCHOOL BUILDING SUBMITTAL FORM

(For Ages Three Through Fourteen Only)

PLEASE COMPLETE BOTH SIDES

Name of Applicant _____

Name of School _____

Name of School District _____

Facility Street Address _____

City _____ Zip _____ Phone _____

Cross Streets _____

Mailing Address _____

City _____ Zip _____

If additional information is required, the person to contact is:

Name _____ Phone _____

Fax _____

This submittal represents:

A Public School building not currently licensed

- [] 1. An existing unlicensed building.
[] 2. New construction for a proposed facility.

Submit drawings to your regional office - See addresses below - or call 1-800-615-8555

- A. Pursuant to R9-5-607.D, a school map may be submitted for site and floor plans with the following indicated:
1. The location of each school building and outdoor activity area;
 2. The location and perimeter dimensions of each indoor activity area used by enrolled children;
 3. The location of each hand washing sink, toilet, urinal, and drinking fountain to be used by enrolled children; and
 4. The location and dimensions of each outdoor activity area to be used by enrolled children.
- B. Pursuant to R9-5-607.E, facilities with modular buildings must submit a copy of the "Installation Permit" from the Arizona Office of Manufactured Housing, in addition to site and floor plans, as applicable. Also, pursuant to R9-5-607.E.2, "one set of final construction drawings that includes the stamp of the "Arizona Office of Manufactured Housing" must be included.

OFFICE OF CHILD CARE LICENSING
150 NORTH 18TH AVENUE, SUITE 400
PHOENIX, ARIZONA 85007
PHONE: (602) 364-2539
FAX: (602) 364-4768

OFFICE OF CHILD CARE LICENSING
400 WEST CONGRESS, SUITE 100
TUCSON, ARIZONA 85701
PHONE: (520) 628-6540
FAX: (520) 628-6537

OFFICE OF CHILD CARE LICENSING
1500 EAST CEDAR AVENUE, SUITE 22
FLAGSTAFF, ARIZONA 86004
PHONE: (928) 774-2707
FAX: (928) 774-2830

PUBLIC SCHOOL BUILDING SUBMITTAL FORM

Indicate playground square footage _____ ÷ 75 = _____ x 2 = _____ the maximum licensed capacity of the facility by playground size.

Will meals/snacks be prepared for children enrolled in the licensed facilities? [] Yes [] No

_____ # of Toilets
 _____ # of Urinals
 _____ # of Toilet handwashing sinks (if Bradley sinks, the number of spigots)

_____ Total number of Sanitary Units (toilet/urinal and handwashing sink)

Days and Hours of operation: Mon. From: _____ To: _____; From: _____ To: _____; From: _____ To: _____
 Tues. From: _____ To: _____; From: _____ To: _____; From: _____ To: _____
 Wed. From: _____ To: _____; From: _____ To: _____; From: _____ To: _____
 Thurs. From: _____ To: _____; From: _____ To: _____; From: _____ To: _____
 Fri. From: _____ To: _____; From: _____ To: _____; From: _____ To: _____

Will your program(s) operate year round? ___yes ___no

Comments: _____

Please indicate below, each room by name or number with the usable square footage.

Room # or Name	Usable Sq. Ft.	FOR OCCL USE ONLY			Comments/Program Name
		25 Sq Ft	50 Sq Ft	Licensed Capacity	

For OCCL Use Only: Total Capacity _____ Facility # _____ Previous Facility # _____ L.S. _____

L.S. APPROVED _____ (INITIAL & DATE)

Data Input _____
 Initials _____

**ARIZONA DEPARTMENT OF HEALTH SERVICES
OFFICE OF CHILD CARE LICENSING
GUIDELINES FOR FINGERPRINTING REGISTRATION**

1. Call the Department of Public Safety (D.P.S.) for Fingerprint Clearance Card Application Packet at (602) 223-2279. Included in the packet is:
 - a. *Roll card*
 - b. *Applicant Fingerprint Card Instructions*
 - c. *Applicant Fingerprint Clearance Card Application*
 - d. *Fingerprint Clearance Card Eligibility Information*
 2. Read instructions, and complete packet. Mark:
 - a. 36-897(01) & 36-897(03) to work for Small Group Homes or
 - b. 36-883(02) & 36.882 to work for a Center
 3. Call your Department of Health Services (D.H.S.) regional office at:
Phoenix – (602) 364-2539, Flagstaff – (928) 774-2707, or Tucson – (520) 628-6540 for a *Criminal History Affidavit* form. Place original *Criminal History Affidavit* and copy of the *Applicant Fingerprint Clearance Card Application* in employee(s) personnel file.
 4. **Pursuant to A.R.S. § 36-883(02)(A)...the fingerprint application packet must be mailed within seven working days of applicant's employment or beginning volunteer work.**
Mail the rest of the packet with a check or money order to:
D.P.S. Applicant Clearance Card Team
P.O. Box 18390
Phoenix, Arizona 85005-8390
- ✉ **It is recommended that D.P.S. be called to document the status of a Clearance Card if it has not been received within 3 months.**
5. **After receipt of Clearance Card;**
 - o Make 1 copy of the card for the employee's personnel file.
- ✉ **If an employee works in more than one Facility, copies of the Clearance Card and an original *Criminal History Affidavit* must be on file at each location.**
6. New hires who have previously been fingerprinted and possess a Clearance Card:
 - a. Have the employee fill out and notarize a *Criminal History Affidavit* the first day of hire.
 - b. Place original *Criminal History Affidavit* in the employee(s) personnel file.
 - c. It is REQUIRED that D.P.S. be called to document the status of a Clearance Card within seven working days of hire.
 - d. Copy the Clearance Card for the employee's personnel file.

NOTE: WHEN SUBMITTING AN APPLICATION FOR NEW OR RENEWAL OF LICENSE/CERTIFICATE, COPIES OF FINGERPRINT CLEARANCE CARDS AND CRIMINAL HISTORY AFFIDAVITS MUST BE PROVIDED TO THE DEPARTMENT FOR SIGNATORIES OF THE APPLICATION.

RENEWAL OF FINGERPRINT CLEARANCE CARDS

NOTE: Upon Renewal of an expiring *Fingerprint Clearance Card*, a new *Criminal History Affidavit* must also be completed and the original kept on file at the facility. A copy of the *Fingerprint Clearance Card Application* and the new *Fingerprint Clearance Card*, upon receipt, must be on file at the facility.

ARIZONA DEPARTMENT OF HEALTH SERVICES
OFFICE OF CHILD CARE LICENSING
CRIMINAL HISTORY AFFIDAVIT

Prior to applying for a Fingerprint Clearance Card, read the following carefully to determine if you are eligible to receive a Fingerprint Clearance Card.

Applicant's Name (First, Middle, Last)	Social Security Number	Birthdate	Area Code and Phone #
Applicant's Address (#, Street, City, State, Zip)			
Facility Name			
Facility Address (#, Street, City, State, Zip)			
CDC/SGH #		Arizona Department of Public Safety Application #	

Pursuant to A.R.S. § 36-883.02(H), for purposes of this section, "child care personnel" means any employee or volunteer working at a child care facility.
Pursuant to A.R.S. § 36-897.03(I), for purposes of this section, "child care personnel" means all employees of and persons who are eighteen years of age or older and who reside in a child care group home that is certified by the department.

Pursuant to A.R.S. § 36-883.02(C) and 36-897.03(B), child care personnel shall certify on forms that are provided by the department and notarized that:

True False

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. I am not awaiting trial on or have never been convicted of or admitted in open court or pursuant to a plea agreement committing any of the offenses listed in A.R.S. § 41-1758.03(B) for centers, (B) or (C) for Group Homes, in this state or similar offenses in another state or jurisdiction. (See attached list) |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. I am not a parent or guardian of a child adjudicated to be a dependent child as defined in A.R.S. § 8-201. (See attached) |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. a. For Centers: I have not been denied or had revoked a certificate to operate a child care group home or a license to operate a child care facility in this or any other state or I have not been denied or had revoked a certificate to work in a child care facility or a child care group home. |
| | | b. For Group Homes: I have not been denied a certificate to operate a child care group home or a license to operate a child care facility for the care of children in this state or another state or had a license to operate a child care facility or a certificate to operate a child care group home revoked for reasons that relate to the endangerment of the health and safety of children. |

Pursuant to A.R.S. § 36-883.02(E), and A.R.S. § 36-897.03(E), the notarized forms are confidential.

Pursuant to A.R.S. § 36-883.02(F), a child care facility shall not allow a person to be employed or volunteer in the facility in any capacity if the person has been denied a fingerprint clearance card pursuant to Title 41, Chapter 12, Article 3.1 or has not received an interim approval from the Board of

Fingerprinting pursuant to A.R.S. § 41-619.55(I). (See attached)

Pursuant to A.R.S. § 36-897.03(F), a person who is awaiting trial on or who has been convicted of or who has admitted in open court or pursuant to a plea agreement to committing a criminal offense listed in Section 41-1758.03, subsection B, paragraph 2 or 3 of this section is prohibited from being registered as child care personnel and from being employed in any capacity in a child care group home.

Pursuant to A.R.S. § 36-897.03(G), a person who is awaiting trial on or who has been convicted of or who has admitted in open court or pursuant to a plea agreement to committing a criminal offense listed in Section 41-1758.03, subsection C shall not work in a child care group home without direct visual supervision unless the person has applied for and received the required fingerprint clearance card pursuant to §41-1758 and is registered as child care personnel. A person who is subject to this subsection shall not be employed in any capacity in a child care group home if that person is denied the required fingerprint clearance card.

Pursuant to A.R.S. § 36-883.02(G), and A.R.S. § 36-897.03(H), the employer shall notify the department of public safety if the employer receives credible evidence that any child care personnel either:

- 1. Is arrested for or charged with an offense listed in A.R.S. § 41-1758.03(B).**
- 2. Falsified information on the form required by subsection C for Centers, B for Group Homes, of this section.**

Applicant's Name(print)_____

NOTARIZATION

I hereby certify under penalty of perjury that the answers given above are true and correct to the best of my knowledge and belief.

Applicant's Signature_____

State of Arizona, County of _____)
) ss
)

Subscribed and sworn before me, a Notary Public, this _____ day of _____, 20____.

My Commission Expires:_____

Notary Public's Signature

A.R.S. § 41-1758.03 Fingerprint clearance cards; issuance

B. A person who is subject to registration as a sex offender in this state or any other jurisdiction or who is awaiting trial on or who has been convicted of committing or attempting or conspiring to commit one or more of the following offenses in this state or the same or similar offenses in another state or jurisdiction is precluded from receiving a fingerprint clearance card:

1. Sexual abuse of a minor.
2. Sexual abuse of a vulnerable adult.
3. Incest.
4. First or second degree murder.
5. Sexual assault.
6. Sexual exploitation of a minor.
7. Sexual exploitation of a vulnerable adult.
8. Commercial sexual exploitation of a minor.
9. Commercial sexual exploitation of a vulnerable adult.
10. Child prostitution as prescribed in section 13-3212.
11. Child abuse.
12. Abuse of a vulnerable adult.
13. Sexual conduct with a minor.
14. Molestation of a child.
15. Molestation of a vulnerable adult.
16. A dangerous crime against children as defined in section 13-604.01
17. Exploitation of minors involving drug offenses.
18. Taking a child for the purposes of prostitution as prescribed in section 13-3206.
19. Neglect or abuse of a vulnerable adult.

C. A person who is awaiting trial on or who has been convicted of committing or attempting or conspiring to commit one or more of the following offenses in this state or the same or similar offenses in another state or jurisdiction is precluded from receiving a fingerprint clearance card, except that the person may petition the board of fingerprinting for a good cause exception pursuant to section 41-619.55:

1. Manslaughter.
2. Endangerment.
3. Threatening or intimidating.
4. Assault.
5. Unlawfully administering intoxicating liquors, narcotic drugs or dangerous drugs.
6. Assault by vicious animals.
7. Drive by shooting.
8. Assaults on officers or fire fighters.
9. Discharging a firearm at a structure.
10. Indecent exposure.
11. Public sexual indecency.
12. Aggravated criminal damage.
13. Theft.
14. Theft by extortion.
15. Shoplifting.
16. Forgery.
17. Criminal possession of a forgery device.
18. Obtaining a signature by deception.
19. Criminal impersonation.
20. Theft of a credit card or obtaining a credit card by fraudulent means.
21. Receipt of anything of value obtained by fraudulent use of a credit card.
22. Forgery of a credit card.
23. Fraudulent use of a credit card.
24. Possession of any machinery, plate or other contrivance or incomplete credit card.
25. False statement as to financial condition or identity to obtain a credit card.
26. Fraud by persons authorized to provide goods or services.
27. Credit card transaction record theft.
28. Misconduct involving weapons.
29. Misconduct involving explosives.
30. Depositing explosives.
31. Misconduct involving simulated explosive devices.
32. Concealed weapon violation.
33. Enticement of any persons for purposes of prostitution
34. Procurement by false pretenses of any person for purposes of prostitution.
35. Procuring or placing persons in a house of prostitution.
36. Receiving earnings of a prostitute.
37. Causing one's spouse to become a prostitute.
38. Detention of persons in a house of prostitution for debt.
39. Keeping or residing in a house of prostitution or employment in prostitution.
40. Pandering.
41. Transporting persons for the purpose of prostitution or other immoral purposes.
42. Possession and sale of peyote.
43. Possession and sale of a vapor-releasing substance containing a toxic substance.
44. Sale of precursor chemicals.
45. Possession, use or sale of marijuana, dangerous drugs or narcotic drugs.
46. Manufacture or distribution of an imitation controlled substance.
47. Manufacture or distribution of an imitation prescription-only drug.
48. Manufacture or distribution of an imitation over-the-counter drug.
49. Possession or possession with intent to use an imitation controlled substance.
50. Possession or possession with intent to use an imitation prescription-only drug.
51. Possession or possession with intent to use an imitation over-the-counter drug.
52. Manufacture of certain substances and drugs by certain means.
53. Adding poison or other harmful substance to food, drink or medicine.
54. A criminal offense involving criminal trespass and burglary under title 13, chapter 15.
55. A criminal offense involving organized crime and fraud under title 13, Chapter 23.
56. Child neglect.
57. Misdemeanor offenses involving contributing to the delinquency of a minor.
58. Offenses involving domestic violence.
59. Arson.
60. Kidnapping.
61. Felony offenses involving sale, distribution or transportation of, offer to sell, transport or distribute or conspiracy to sell, transport or distribute marijuana, dangerous drugs or narcotic drugs.
62. Robbery
63. Aggravated assault.
64. Felony offenses involving contributing to the delinquency of a minor.

A.R.S. § 8-201. Definitions

In this title, unless the context otherwise requires:

13. "Dependent child":

- (a) Means a child who is adjudicated to be:
 - (i) In need of proper and effective parental care and control and who has no parent or guardian, or one who has no parent or guardian willing to exercise or capable of exercising such care and control.
 - (ii) Destitute or who is not provided with the necessities of life, including adequate food, clothing, shelter or medical care, or whose home is unfit by reason of abuse, neglect, cruelty or depravity by a parent, a guardian, or any person having custody or care of the child.
 - (iii) Under the age of eight years and who is found to have committed an act that would result in adjudication as a delinquent juvenile or incorrigible child if committed by an older juvenile or child.
 - (iv) Incompetent or not restorable to competency and who is alleged to have committed a serious offense as defined in section 13-604.
- (b) Does not include a child who in good faith is being furnished Christian Science treatment by a duly accredited practitioner if none of the circumstances described in subdivision (a) of this paragraph exists.

A.R.S. § 41-619.55 Good cause exceptions; revocation

I. Pending the outcome of a good cause exception determination, the board or its hearing officer may issue interim approval in accordance with board rule to continue working to a good cause exception applicant.

Application Packet

Part II

Includes:

- 1. Application Packet Instructions Part II**
- 2. Notarized License Application Form for a Child Care Facility**
- 3. Attachment to Application**
- 4. List of Controlling Persons and Designated Agent including the Controlling Persons Guidelines**
- 5. Public School List of Responsible Parties**
- 6. Director Qualifications form**
- 7. New Facility Readiness Self Checklist**
- 8. Applicant, Staff and Resident Report**

Application Packet Instructions Part II

Complete and submit the following items:

A. The Notarized License Application Form for a Child Care Facility

- PART 1 - Name, address and telephone number of the child care facility.
- If a different mailing address is desired, please indicate in the space provided.
- PART 2 - Applicant is the name of the individual, corporation, partnership, limited liability company, association or cooperative, joint venture, public school, charter school, governmental agency or a business organization type other than those listed prior, responsible for the operation of the child care facility.
- PART 3 - Check ALL applicable sections: A, B, C, D, E, F, G, H, I, or J, and complete the applicable section(s) on the Attachment to Application.

APPLICANT'S SIGNATURE:

The application shall be signed:

- A. INDIVIDUAL – by the individual
- B. CORPORATION - by an officer of the corporation
- C. PARTNERSHIP - by two of the partners
- D. LIMITED LIABILITY COMPANY – by a manager or, a member of the limited liability company
- E. ASSOCIATION OR COOPERATIVE – by two members of the governing board
- F. JOINT VENTURE – by two of the individuals signing the joint venture agreement
- G. PUBLIC SCHOOL - by an individual designated in writing as signatory for the public school by the school governing board or school district superintendent
- H. CHARTER SCHOOL – by the person approved to operate the charter school by the district governing board, the Arizona Board of Education, or the Arizona Board for Charter Schools
- I. GOVERNMENTAL AGENCY - by the individual in the senior leadership position with the agency or individual designated in writing by that individual
- J. BUSINESS ORGANIZATION TYPE (other than those described above) – by two individuals who are members of the business organization

**- SIGNATURES MUST BE ORIGINAL AND NOTARIZED -
- NO CORRECTION FLUID MAY BE USED -**

- B. - \$150 non-refundable license fee must accompany the application -**
- (Business check, Cashier's check or Money Order only) -
- Make check payable to the Arizona Department of Health Services -

In accordance with A.R.S. § 36-883.02, prior to submitting license application, signatories must be fingerprinted and registered with the:

Department of Public Safety
Applicant Clearance Card Team
P.O. Box 18390
Phoenix, Arizona 85005-8390
(602) 223-2279

- C. A copy of the *Fingerprint Clearance Card* AND a notarized *Criminal History Affidavit* with this application to verify compliance.**
- D. *Attachment to Application*, including the Controlling Persons and Agent Information, if applicable or the *Public School List of Responsible Persons***
- E. *Director Qualification* form with attached documentation,**
- F. *Corporation Commission Certificate of Good Standing*, dated within 6 months of application, if applicable.**

The initial license application is valid for 120 days from the date of Office of Child Care Licensing receipt. If licensing is not complete during this time a new license application and fee will be required.

RETURN THE ABOVE LISTED ITEMS TO YOUR REGIONAL OFFICE OF CHILD CARE LICENSING AT:

- _____ 150 North 18th Avenue, Suite 400, Phoenix, Arizona 85007
- _____ 400 West Congress, Suite 100, Tucson, Arizona 85701
- _____ 1500 East Cedar Avenue, Suite 22, Flagstaff, Arizona 86004

AMERICANS WITH DISABILITIES ACT

This publication can be made available in alternative format. Please contact the Office of Child Care Licensing at 602-364-2539 or 1-800-615-8555 or log on to <http://www.azdhs.gov/als/childcare/index.htm>

ARIZONA DEPARTMENT OF HEALTH SERVICES
Office of Child Care Licensing
NOTARIZED LICENSE APPLICATION FORM FOR A CHILD CARE FACILITY

A.R.S. Title 36-Chapter 7.1

PUBLIC RIGHT TO KNOW: The case records regarding this Child Care Facility are available for inspection at the Office of Child Care Licensing, 1500 East Cedar Avenue, Suite 22, Flagstaff, 400 West Congress, Suite 100, Tucson, or 150 North 18th Avenue, Suite 400, Phoenix.

1. Name of Child Care Facility _____ Facility _____
Phone Number _____
Fax Number _____
Facility Street Address _____
City _____ Zip _____ County _____
Mailing Address _____
(if different) _____ City _____ State _____ Zip _____
2. Applicant _____
(Name of organization applying for license)
3. TYPE OF BUSINESS ORGANIZATION- COMPLETE ALL APPLICABLE SECTIONS & THE ATTACHMENT TO APPLICATION
- ☐ A. Individual
- ☐ B. Corporation
- ☐ C. Partnership
- ☐ D. Limited Liability Company
- ☐ E. Association or Cooperative
- ☐ F. Joint Venture
- ☐ G. Public School
- ☐ H. Charter School
- ☐ I. Governmental Agency _____ Federal _____ State _____ County _____ Municipal _____
- ☐ J. Other Business Organization Type not listed above

I project I will be ready for an inspection by _____.
(MM/DD/YY)

I agree to allow the Department to submit supplemental requests for information.

I have read and understand the statutes and rules of the Arizona Department of Health Services for Child Care Facilities, and I will comply with those statutes and rules.

I am at least 18 years of age.

I affirm that no Controlling Person/Responsible Party, has been denied a Certificate to operate a Child Care Group Home or a License to operate a Child Care Facility for the care of children in this state or another state or has had a License to operate a Child Care Facility or a Certificate to operate a Child Care Group Home revoked for reasons that relate to the endangerment of the health and safety of children.

Under penalty of law, I declare that the information provided in the application is accurate and complete.

Print Name/Title Signature

Print Name/Title Signature

STATE OF ARIZONA)
) ss
COUNTY OF _____)

Subscribed and sworn to before me this _____ day of _____, 20_____

by _____
(name of signatory) and _____
(name of signatory)

Notary Public _____ My Commission Expires _____

CHILD CARE CENTER ATTACHMENT TO APPLICATION

COMPLETE ALL APPLICABLE SECTIONS

- A. ☐ **INDIVIDUAL** – must be 18 years of age, a U.S. citizen or legal resident alien and a resident of Arizona.
Attach a copy of one: A U. S. passport, a birth certificate, naturalization documents or documentation of legal resident alien status.
- B. ☐ **CORPORATION** – must be a domestic entity or a foreign entity qualified to do business in Arizona.
1. Address _____
2. Attach: _____
- ☐ a. A copy of Articles of Incorporation.
- ☐ b. List showing name, title and address of each officer and board member or trustee.
- ☐ c. Arizona Corporation Commission Certificate of Good Standing dated within six months before the date of application.
- C. ☐ **PARTNERSHIP**– must have at least one partner who is a U. S. citizen or legal resident alien and a resident of Arizona.
1. Address _____ Phone _____
2. Attach: _____
- ☐ a. Partnership documents, if available.
- ☐ b. List showing name, title and address of each officer and board member or trustee.
- ☐ c. A copy of a U.S passport, a birth certificate, naturalization documents or documentation of legal resident alien status for one partner.
- D. ☐ **LIMITED LIABILITY COMPANY** – must be a domestic entity or a foreign entity qualified to do business in Arizona.
1. Address _____ Phone _____
2. Attach: _____
- ☐ a. Limited Liability Company documents.
- ☐ b. List showing name, title and address of each officer and board member or trustee.
- ☐ c. Arizona Corporation Commission Certificate of Registration dated within six months before the date of application.
- E. ☐ **ASSOCIATION or COOPERATIVE** – must be a domestic entity or a foreign entity qualified to do business in Arizona.
1. Address _____ Phone _____
2. Attach: _____
- ☐ a. Articles of organization.
- ☐ b. List showing name, title and address of each officer and board member or trustee.
- ☐ c. A copy of a U.S passport, a birth certificate, naturalization documents or documentation of legal resident alien status for one association member.
- F. ☐ **JOINT VENTURE**
1. Address _____ Phone _____
2. Attach: _____
- ☐ a. Joint venture documents, if applicable.
- ☐ b. List showing name, title and address of each officer and board member or trustee.
- G. ☐ **PUBLIC SCHOOL**
1. Address _____ Phone _____
2. Attach: _____
- ☐ Letter from the school governing board or school district superintendent designating a signatory, if applicable.
- ☐ Public School List of Responsible Parties
- H. ☐ **CHARTER SCHOOL**
1. Address _____ Phone _____
2. Attach: _____
- ☐ Letter from the person approved to operate the charter school by the district governing board, the Arizona Board of Education, or the Arizona Board for Charter Schools designating a signatory, if applicable.
- I. ☐ **GOVERNMENTAL AGENCY**
1. Agency Address _____
2. Attach: _____
- ☐ a. List showing name, title and address of each officer and board member or trustee.
- ☐ b. Letter from the individual in the senior leadership position designating an individual as signatory, if applicable.
- J. ☐ **BUSINESS ORGANIZATION** – other than those listed above
1. Address _____ Phone _____
2. Attach: _____
- ☐ a. List showing name, title and address of each officer and board member or trustee.
- ☐ b. A copy of the business organization's documents.

ARIZONA DEPARTMENT OF HEALTH SERVICES
Office of Child Care Licensing

CONTROLLING PERSONS INFORMATION:

To be filled out by those programs located in a public school but not owned by the District

A.R.S. § 36-881.4 Controlling Person means a person who:

- a. Has through ownership, the power to vote at least ten per cent of the outstanding voting securities.
- b. If the applicant or licensee is a partnership, is the general partner or a limited partner who holds at least ten per cent of the voting rights of the partnership.
- c. If the applicant or licensee is a corporation, an association or a limited liability company, is the president, the chief executive officer, the incorporator, an agent or any person who owns or controls at least ten per cent of the voting securities.
- d. Holds a beneficial interest in ten per cent or more of the liabilities of the applicant or the licensee.

Printed Name	Title	Address	Social Security #	Date of Birth

DESIGNATED AGENT INFORMATION:

A.R.S. § 36-889(D) Each applicant or licensee shall designate an agent who is authorized to receive communication from the Department, including legal service of process, and to file and sign documents for the applicant or licensee. The designated agent for a corporation, association or limited liability company must be a controlling person under 36-881.4. The designated agent must be a resident of this state.

Agent Name: _____ Resident Address: _____

Business Address: _____

Resident Phone Number: (____) _____ Business Phone Number: (____) _____

Resident Fax Number: (____) _____ Business Fax Number: (____) _____

Attach a copy of one of the following for the designated agent:

A U.S. passport, a birth certificate, naturalization documents, or documentation of legal resident alien status.

***Social Security Number is required by the Arizona Administrative Code R9-5-201.A.5.1.ii. for issuance of a child care license. Address and Social Security Number are confidential and will be redacted from public files.**

**ARIZONA DEPARTMENT OF HEALTH SERVICES
OFFICE OF CHILD CARE LICENSING
CONTROLLING PERSONS GUIDELINES**

<i>ORGANIZATION</i>	<i>CONTROLLING PERSONS</i>
Partnership	General Partner Any Limited Partner who holds at least ten per cent of voting rights
Corporations, Associations, Limited Liability Company, Municipal Corporations/Agencies	President Chief Executive Officer Incorporator Agent Any person owning or controlling at least ten per cent of the voting securities
School Districts, Counties	Designated Agent
Other	Owner(s) having the power to vote at least ten per cent of the outstanding voting securities Any person holding a beneficial interest in at least ten per cent of the liabilities of the applicant or licensee

* These are general guidelines and NOT all-inclusive. The actual controlling person must be determined on a case-by-case basis by the organization.

ARIZONA DEPARTMENT OF HEALTH SERVICES OFFICE OF CHILD CARE LICENSING

PUBLIC SCHOOL LIST OF RESPONSIBLE PARTIES

To be filled out by those programs owned by the Public School District

List all those persons responsible for the district policies, procedures, and decisions. They may be the governing board, superintendent and may or may not include the principal.

Printed Name	Title	Address	Social Security #	Date of Birth

DESIGNATED AGENT INFORMATION:

A. R.S. § 36-889(D) Each applicant or licensee shall designate an agent who is authorized to receive communication from the Department, including legal service of process, and to file and sign documents for the applicant or licensee.

The designated agent must be a resident of this state.

Agent Name: _____ Resident Address: _____

Business Address: _____

Resident Phone Number: (____) _____ Business Phone Number: (____) _____

Resident Fax Number: (____) _____ Business Fax Number: (____) _____

Attach a copy of one of the following for the designated agent:

A U.S. passport, a birth certificate, naturalization documents, or documentation of legal resident alien status per R9-5-201.A.5.j.

***Social Security Number is required by the Arizona Administrative Code R9-5-201.A.5.1.ii. for issuance of a child care license. Address and Social Security Number are confidential and will be redacted from public files.**

**Arizona Department of Health Services
Office of Child Care Licensing**

COMPLETE AND RETURN TO:

CDC # _____
L.S. # _____

☐ 150 NORTH 18TH AVENUE, SUITE 400
PHOENIX, ARIZONA 85007
Phone: (602) 364-2539
Fax: (602) 364-4768

☐ 400 WEST CONGRESS, SUITE 100
TUCSON, ARIZONA 85701
Phone: (520) 628-6540
Fax: (520) 628-6537

☐ 1500 EAST CEDAR AVENUE, SUITE 22
FLAGSTAFF, ARIZONA 86004
Phone: (928) 774-2707
Fax: (928) 774-2830

DIRECTOR QUALIFICATIONS

Name _____ **Facility Telephone #** _____

Facility Name _____ **License #** _____

Facility Address _____ **City** _____ **Zip** _____

A. I am at least 21 years of age and will accept the primary responsibility for the daily administration and operation of the facility, as I possess the following minimum qualifications: (Check appropriate box.)

ACADEMIC EXPERIENCE

**CHILD CARE
QUALIFYING EXPERIENCE**
Twenty-four months

- | | | |
|--|-----|-----------------|
| <input type="checkbox"/> 1. A high school diploma or high school equivalency diploma and at least six hours of academic course work or 60 hours of documented workshop experience in early childhood education or child development. | AND | |
| <input type="checkbox"/> 2. N.A.C., C.D.A., C.C.P., or C.P.C. Credential. | AND | Eighteen months |
| <input type="checkbox"/> 3. A minimum of 24 credit hours from an accredited college or university, including at least six hours of academic course work in early childhood education, child development or closely related field. | AND | Eighteen months |
| <input type="checkbox"/> 4. An associate degree in early childhood education, child development or closely related field. | AND | Six months |
| <input type="checkbox"/> 5. Bachelors degree in early childhood education, child development or closely related field. | AND | Three months |

B. Describe briefly and specifically your qualifying experience. Include dates, positions held in relation to child care and responsibilities. (Note: "qualifying experience" means verifiable experience working directly with a group of children during a specified time period in any licensed child care facility, elementary education program, or in fields of nursing, social work, psychology, or other fields related to child growth or development.)

BE SURE TO INCLUDE WRITTEN DOCUMENTATION OF THE ABOVE.

Beginning Date	Ending Date	Name, Address, Phone Number Of Facility	Position	Description of Experience	Hours per Week

(PLEASE COMPLETE REVERSE SIDE)

C. Describe briefly your educational background:

	Name and Location	Course of Study	Diploma/GED Date	Credits or Degrees Obtained
High School				
College or University				
Other Educational Facility				
Workshops: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____				
Attach documentation of education AND at least 6 hours of academic course work or 60 hours of workshop experience, or a combination of academic course work and workshop experience. Retain copies of all documentation in Director's File on site.				

D. I have provided the facility with the name, address and telephone number of the following, including at least one written response from each category.

☐ Two (2) professional references; and

☐ Two (2) character references.

R9-5-402(A).12, "At least 2 personal and 2 professional references, including at least one written personal reference and at least one written professional reference from a previous employer, and documentation of the licensee's good faith effort to contact each reference."

Optional:

You may attach additional information such as copies of resume, references, etc.

I hereby declare that the above information is true and accurate.

Signature of Applicant

Date

For OCCL Use Only:

DOCUMENTATION RECEIVED, REVIEWED AND APPROVED

LS/TL Initials

Date

ARIZONA DEPARTMENT OF HEALTH SERVICES OFFICE OF CHILD CARE LICENSING

NEW FACILITY READINESS SELF CHECKLIST

Ready	Not Applicable	
<input type="checkbox"/>	<input type="checkbox"/>	Qualified director (Qualification form & attachments submitted to DHS) R9-5-401.1
<input type="checkbox"/>	<input type="checkbox"/>	Statement of Services (Parent Handbook) (See training book) R9-5-302.A.
<input type="checkbox"/>	<input type="checkbox"/>	Certificate of Liability Insurance R9-5-308.A.
<input type="checkbox"/>	<input type="checkbox"/>	Proof of vehicle insurance, if applicable R9-5-308.A
<input type="checkbox"/>	<input type="checkbox"/>	Violation free sanitation inspection (for kitchen, school cafeteria or Catering permit if food is catered) R9-5-309.A.1 and R9-5-509.A.
<input type="checkbox"/>	<input type="checkbox"/>	Violation free fire inspection R9-5-309.A.3.
<input type="checkbox"/>	<input type="checkbox"/>	Violation free gas inspection (if gas lines are present on the premises) R9-5-309.A.2.
<input type="checkbox"/>	<input type="checkbox"/>	Class attendance roster for each activity area. R9-5-306.B.
<input type="checkbox"/>	<input type="checkbox"/>	Log to record communicable illnesses and infestations R9-5-515.D.
<input type="checkbox"/>	<input type="checkbox"/>	Medication procedures if applicable R9-5-516.A.
<input type="checkbox"/>	<input type="checkbox"/>	Transportation procedures if applicable R9-5-517.
<input type="checkbox"/>	<input type="checkbox"/>	Field trip procedures if applicable R9-5-518.
<input type="checkbox"/>	<input type="checkbox"/>	Sign in and out procedures for children R9-5-306.A.
<input type="checkbox"/>	<input type="checkbox"/>	Daily attendance procedures for all staff and director R9-5-301.A.3.
<input type="checkbox"/>	<input type="checkbox"/>	First aid kit R9-5-514.A.1-8.
<input type="checkbox"/>	<input type="checkbox"/>	Fire evacuation maps near fire exits in each room R9-5-514.C.
<input type="checkbox"/>	<input type="checkbox"/>	Accident, evacuation, and emergency plan accessible to staff/posted R9-5-514.B.1-5/E.
<input type="checkbox"/>	<input type="checkbox"/>	Smoke detectors, fire alarm as required by local fire department R9-5-601.A.
<input type="checkbox"/>	<input type="checkbox"/>	Fire extinguisher mounted in classrooms or as required by local fire department R9-5-606.
<input type="checkbox"/>	<input type="checkbox"/>	Log to record monthly fire drills R9-5-301.J.
<input type="checkbox"/>	<input type="checkbox"/>	Daily activity schedule in each room R9-5-501.B.5.
<input type="checkbox"/>	<input type="checkbox"/>	Weekly lesson plan for each room R9-5-501.B.6
<input type="checkbox"/>	<input type="checkbox"/>	Equipment and toys set up and ready for children R9-5-501.A.6
<input type="checkbox"/>	<input type="checkbox"/>	Playground with shade, resilient fall surface (minimum 6 inches), fence R9-5-604
<input type="checkbox"/>	<input type="checkbox"/>	Garbage can for food waste with liner and lid R9-5-512.D.4.
<input type="checkbox"/>	<input type="checkbox"/>	Drinking water in classrooms and on playground (coolers are acceptable) R9-5-501.A.4.
<input type="checkbox"/>	<input type="checkbox"/>	Toxic and flammable materials locked R9-5-501.A.20.
<input type="checkbox"/>	<input type="checkbox"/>	Soap, running water, individually dispensed mounted paper towels or air hand dryer, mounted toilet paper in bathrooms R9-5-512.D.
<input type="checkbox"/>	<input type="checkbox"/>	Area designated near entrance with required posted items (see training book) R9-5-303.A.
<input type="checkbox"/>	<input type="checkbox"/>	Staff in charge in director's absence meets qualifications R9-5-301.A.
<input type="checkbox"/>	<input type="checkbox"/>	Menu R9-5-509.B.14.
<input type="checkbox"/>	<input type="checkbox"/>	Required Emergency Information and Immunization record cards for children accessible to staff R9-5-304.B.1-10.
<input type="checkbox"/>	<input type="checkbox"/>	Staff files (see training book) R9-5-402.A.1-12.
<input type="checkbox"/>	<input type="checkbox"/>	Licensing File for all inspections A.R.S. § 36-882.L.
<input type="checkbox"/>	<input type="checkbox"/>	Sleeping Materials and Equipment if applicable R9-5-511.A.
<input type="checkbox"/>	<input type="checkbox"/>	Quiet time cot or mat, sheet and blanket for each activity area R9-5-501.A.11.
<input type="checkbox"/>	<input type="checkbox"/>	Standards for diaper changing areas if applicable R9-5-503.A. and R9-5-602.C.
<input type="checkbox"/>	<input type="checkbox"/>	Standards for Infants if applicable R9-5-502.A.
<input type="checkbox"/>	<input type="checkbox"/>	Documentation of required staff with current first aid and C.P.R. certificates R9-5-403.E.
<input type="checkbox"/>	<input type="checkbox"/>	Ensure that asphalt or concrete are not used under swings or climbing equipment unless as a base for rubber surfacing R9-5-604.E.

ARIZONA DEPARTMENT OF HEALTH SERVICES
OFFICE OF CHILD CARE LICENSING
APPLICANT, STAFF AND RESIDENT REPORT

LS_____

Applicant/Facility Name _____ CDC/SGH Number _____

Address _____ City _____ Zip _____

*Applicant **Staff Members Residents Provider	Social Security Number	Birth Date Mo/Yr	Hire Date Mo/Yr	Job Title/ Relation- Ship	HighSch diploma or GED Date Mo/Yr	***Fingerprint Registration				
						Date FP App Submitted to DPS	DPS App Number	Clearance Card Exp Date	Clearance Card Number	Date Notarized Affidavit Completed

* Lic/Cert Applicant

** List all personnel at the facility

*** Anyone 18 yrs or older must be fingerprinted and registered

Please keep a copy for your records and return the original copy to the Office of Child Care Licensing.

By signing below, I signify that the information on this form is accurate and complete.

Applicant/Director/Provider Printed Name

Signature

Date